

LEARNING AGREEMENT

ACADEMIC YEAR 2016/2017

Admission will not be granted unless this section is fully completed

Student's name: Sending institution: Field of study: Country:	
Name of the diploma/degree you are currently studying: Major/minor/specialization:	Number of higher education years prior to LaSalle Beauvais:

Spring Semester in Nutritional Sciences		ECTS Credits
Course code	Course title	ECTS Credits
TOTAL ECTS CREDITS		

(if necessary, continue this list on a separate sheet)

If you have chosen the **Study trip** at the end of the program: don't forget the **€250 fees** due at your arrival

I agree to take all exams related to the course	Students' signature:	Date:
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I hereby approve the above plan of study/learning agreement:	Sending Institution co-ordinator's signature:	Date:
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I hereby approve the above plan of study/learning agreement:	Receiving Institution academic supervisor's signature:	Date:
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You have 3 weeks after classes begin to make any changes in your learning agreement